10/044,588

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     (FILE 'HOME' ENTERED AT 12:52:19 ON 27 NOV 2002)

     FILE 'CAPLUS' ENTERED AT 12:52:27 ON 27 NOV 2002
L1            11 S APOMORPHIN? AND (IMPOTEN? OR ERECTIL?(3A)DYSFUNCT?) AND (INTR
L2            37 S EL-RASHIDY, ?/AU
L3             0 S L1 AND L2
L4            13 S L2 AND APOMORPHINE
L5             8 S L4 AND ERECT?

=> s l4 and (intranasal? or nasal? or intra(2a)nasal?)
          4527 INTRANASAL?
         13241 NASAL?
         38151 INTRA
         13241 NASAL?
           115 INTRA(2A)NASAL?
L6             0 L4 AND (INTRANASAL? OR NASAL? OR INTRA(2A)NASAL?)
```

=> s apomorphin? and (impoten? or erectil?(3a)dysfunct?) and (intranasal? or nasal? or intra(2a)nasal?)

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          9406 APOMORPHIN?
          1640 IMPOTEN?
          1242 ERECTIL?
         32428 DYSFUNCT?
           911 ERECTIL?(3A)DYSFUNCT?
          4527 INTRANASAL?
         13241 NASAL?
         38151 INTRA
         13241 NASAL?
           115 INTRA(2A)NASAL?
L1          11 APOMORPHIN? AND (IMPOTEN? OR ERECTIL?(3A)DYSFUNCT?) AND (INTRANA
               SAL? OR NASAL? OR INTRA(2A)NASAL?)
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=> d l1 abs ibib kwic 1-11

L1 ANSWER 1 OF 11 CAPLUS COPYRIGHT 2002 ACS

AB **Erectile dysfunction** (ED) (**impotence**) is a widespread, age-related problem, which affects 52% of men between 40 and 70 yr of age. It is classified as psychogenic, org., or mixed psychogenic and org. ED is not a problem only of men, because the relationship between partners can also be disturbed. Therefore, adequate treatment of ED is needed and the most convenient and simplest way is oral drug therapy. Sildenafil, phosphodiesterase-(PDE)-5-selective inhibitor has been the drug of choice for patients with ED since it has been launched in Mar. 1998. The results of various studies have confirmed the efficacy of the drug in men with ED of various etiologies, as well as the pos. effect of sildenafil on the quality of a partnership. The most frequent adverse effects documented with sildenafil usage are headache, flushes, dyspepsia, visual disturbances and **nasal** congestion/rhinitis. These adverse effects are dose-related, usually transient and mild, with low withdrawal rate. Several studies performed recently have shown that sildenafil is a safe and effective treatment of ED in patients with cardiovascular disease, who do not take nitrates or nitrate donors concomitantly. Other oral medications for ED include **apomorphine**, phentolamine, yohimbine, trazodone, testosterone and new PDE-5 inhibitors in Phase III clin. trials, such as vardenafil and tadalafil. It is obvious, according to recent data, that the concept of PDE-5 inhibition has a central position in oral pharmacotherapy of ED. However, larger clin. studies of efficacy and safety should be carried out using most of the other above-mentioned oral agents and these may also gain a place in the therapy of ED. There are no studies directly comparing sildenafil and other treatments of ED or assessing its role in combination with other therapies. According to the present knowledge, the quality of life, not only of patients but also of their sexual partners, will be improved significantly with sildenafil usage and this is an important precondition for overall health of both. Sildenafil is thus a highly effective peroral treatment for ED in patients without contraindications for its use, which can be considered as the firstline therapy with an acceptable risk-benefit ratio.

ACCESSION NUMBER: 2002:864093 CAPLUS

TITLE: **Erectile dysfunction**: oral pharmacotherapy options

AUTHOR(S): Vitezic, D.; Pelcic, J. Mrsic

CORPORATE SOURCE: Clinical Pharmacology Unit, University Hospital Center Rijeka and Department of Pharmacology, University of Rijeka Medical School, Rijeka, Croatia

SOURCE: International Journal of Clinical Pharmacology and

Therapeutics (2002), 40(9), 393-403
CODEN: ICTHEK; ISSN: 0946-1965
PUBLISHER: Dustri-Verlag Dr. Karl Feistle
DOCUMENT TYPE: Journal
LANGUAGE: English
REFERENCE COUNT: 72 THERE ARE 72 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

TI **Erectile dysfunction**: oral pharmacotherapy options

AB **Erectile dysfunction** (ED) (**impotence**) is a widespread, age-related problem, which affects 52% of men between 40 and 70 yr of age. It is classified as psychogenic, org., or mixed psychogenic and org. ED is not a problem only of men, because the relationship between partners can also be disturbed. Therefore, adequate treatment of ED is needed and the most convenient and simplest way is oral drug therapy. Sildenafil, phosphodiesterase-(PDE)-5-selective inhibitor has been the drug of choice for patients with ED since it has been launched in Mar. 1998. The results of various studies have confirmed the efficacy of the drug in men with ED of various etiologies, as well as the pos. effect of sildenafil on the quality of a partnership. The most frequent adverse effects documented with sildenafil usage are headache, flushes, dyspepsia, visual disturbances and **nasal** congestion/rhinitis. These adverse effects are dose-related, usually transient and mild, with low withdrawal rate. Several studies performed recently have shown that sildenafil is a safe and effective treatment of ED in patients with cardiovascular disease, who do not take nitrates or nitrate donors concomitantly. Other oral medications for ED include **apomorphine** , phentolamine, yohimbine, trazodone, testosterone and new PDE-5 inhibitors in Phase III clin. trials, such as vardenafil and tadalafil. It is obvious, according to recent data, that the concept of PDE-5 inhibition has a central position in oral pharmacotherapy of ED. However, larger clin. studies of efficacy and safety should be carried out using most of the other above-mentioned oral agents and these may also gain a place in the therapy of ED. There are no studies directly comparing sildenafil and other treatments of ED or assessing its role in combination with other therapies. According to the present knowledge, the quality of life, not only of patients but also of their sexual partners, will be improved significantly with sildenafil usage and this is an important precondition for overall health of both. Sildenafil is thus a highly effective peroral treatment for ED in patients without contraindications for its use, which can be considered as the firstline therapy with an acceptable risk-benefit ratio.

L1 ANSWER 2 OF 11 CAPLUS COPYRIGHT 2002 ACS

AB A review. **Erectile dysfunction** (ED) affects many men and, as the elderly population grows, the incidence of ED and demand for treatment will increase. Many org. and/or psychogenic factors cause or worsen ED. For health-care providers and insurers, the treatment of ED involves direct medical costs (e.g. drug costs and physician visits). Indirectly, the effects of ED on the overall health and mental status of the patient may affect medical and societal costs. Management of ED should include alteration of modifiable risk factors (e.g. lifestyle and psychosocial factors); however, these modifications are frequently insufficient to completely reverse ED. Oral sildenafil 25 to 100 mg is considered first-line direct therapy for ED and is effective in .apprxeq.70% of men with ED. A selective phosphodiesterase type 5 (PDE5) inhibitor, sildenafil improves the ability to attain and maintain erections and increases the rate of successful sexual intercourse in men with ED regardless of their age, presence of other medical conditions and concomitant antihypertensive or antidepressant medications. Sildenafil treatment may be initiated by primary care physicians instead of by

specialists, which decreases costs to healthcare payors. Sildenafil treatment significantly improves quality-of-life related to sexual function and general well being; potential healthcare savings may result as these effects trickle down. Commonly reported adverse events are predominantly transient, mild and dose-related and include headache, flushing, dyspepsia, **nasal** congestion and abnormal vision. Concurrent administration of sildenafil and org. nitrates is contraindicated because marked hypotension may occur. Sublingual **apomorphine** (not currently available in the US) and vardenafil and tadalafil (PDE5 inhibitors in late stages of development) are other potential oral treatments for ED. Second-line pharmacol. therapies include intracavernosal injections (alprostadil, papaverine, phentolamine and combinations of these agents) and intraurethral alprostadil. Non-pharmacol. treatments include vacuum constrictor devices and, rarely, vascular surgery or penile implants. In economic models, sildenafil is cost effective compared with no treatment or papaverine/phentolamine injections. The cost-effectiveness of sildenafil compares favorably with that of accepted therapies for other medical conditions. Overall healthcare costs for health plan organizations did not increase significantly with the addn. of sildenafil coverage. Seeking medical attention for ED may contribute to the early detection of serious concomitant conditions and result in long-term redns. in healthcare costs. In conclusion, sildenafil is an effective oral therapy for men with ED of various etiologies. Its efficacy in improving erectile function, ease-of-use and good tolerability profile make sildenafil first-line treatment for men with ED who do not have contraindications to its use.

ACCESSION NUMBER: 2002:690741 CAPLUS
DOCUMENT NUMBER: 137:226109
TITLE: Management of **erectile dysfunction** : Defining the role of sildenafil
AUTHOR(S): Lyseng-Williamson, Katherine A.; Wagstaff, Antona J.
CORPORATE SOURCE: Adis International Limited, Auckland, N. Z.
SOURCE: Disease Management & Health Outcomes (2002), 10(7), 431-452
CODEN: DMHOFV; ISSN: 1173-8790
PUBLISHER: Adis International Ltd.
DOCUMENT TYPE: Journal; General Review
LANGUAGE: English
REFERENCE COUNT: 171 THERE ARE 171 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

TI Management of **erectile dysfunction**: Defining the role of sildenafil

AB A review. **Erectile dysfunction** (ED) affects many men and, as the elderly population grows, the incidence of ED and demand for treatment will increase. Many org. and/or psychogenic factors cause or worsen ED. For health-care providers and insurers, the treatment of ED involves direct medical costs (e.g. drug costs and physician visits). Indirectly, the effects of ED on the overall health and mental status of the patient may affect medical and societal costs. Management of ED should include alteration of modifiable risk factors (e.g. lifestyle and psychosocial factors); however, these modifications are frequently insufficient to completely reverse ED. Oral sildenafil 25 to 100 mg is considered first-line direct therapy for ED and is effective in .apprxeq.70% of men with ED. A selective phosphodiesterase type 5 (PDE5) inhibitor, sildenafil improves the ability to attain and maintain erections and increases the rate of successful sexual intercourse in men with ED regardless of their age, presence of other medical conditions and concomitant antihypertensive or antidepressant medications. Sildenafil treatment may be initiated by primary care physicians instead of by

specialists, which decreases costs to healthcare payors. Sildenafil treatment significantly improves quality-of-life related to sexual function and general well being; potential healthcare savings may result as these effects trickle down. Commonly reported adverse events are predominantly transient, mild and dose-related and include headache, flushing, dyspepsia, **nasal** congestion and abnormal vision. Concurrent administration of sildenafil and org. nitrates is contraindicated because marked hypotension may occur. Sublingual **apomorphine** (not currently available in the US) and vardenafil and tadalafil (PDE5 inhibitors in late stages of development) are other potential oral treatments for ED. Second-line pharmacol. therapies include intracavernosal injections (alprostadil, papaverine, phentolamine and combinations of these agents) and intraurethral alprostadil. Non-pharmacol. treatments include vacuum constrictor devices and, rarely, vascular surgery or penile implants. In economic models, sildenafil is cost effective compared with no treatment or papaverine/phentolamine injections. The cost-effectiveness of sildenafil compares favorably with that of accepted therapies for other medical conditions. Overall healthcare costs for health plan organizations did not increase significantly with the addn. of sildenafil coverage. Seeking medical attention for ED may contribute to the early detection of serious concomitant conditions and result in long-term redns. in healthcare costs. In conclusion, sildenafil is an effective oral therapy for men with ED of various etiologies. Its efficacy in improving erectile function, ease-of-use and good tolerability profile make sildenafil first-line treatment for men with ED who do not have contraindications to its use.

ST review cavernous smooth muscle relaxant sildenafil **erectile dysfunction impotence**

IT Sexual behavior
(**impotence**; role of sildenafil in management of **erectile dysfunction** patients)

IT Human
(role of sildenafil in management of **erectile dysfunction** patients)

IT Muscle relaxants
(smooth, cavernous; role of sildenafil in management of **erectile dysfunction** patients)

IT 9068-52-4, Phosphodiesterase type 5
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(inhibitor; role of sildenafil in management of **erectile dysfunction** patients)

IT 139755-83-2, Sildenafil
RL: ADV (Adverse effect, including toxicity); DMA (Drug mechanism of action); PAC (Pharmacological activity); PKT (Pharmacokinetics); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(role of sildenafil in management of **erectile dysfunction** patients)

L1 ANSWER 3 OF 11 CAPLUS COPYRIGHT 2002 ACS

AB A method for treating sexual dysfunction in a patient taking antidepressant medication in need of such treatment comprises administering a therapeutically effective amt. of **apomorphine**, or a pharmaceutically acceptable salt thereof. The method may be used for patients taking antidepressants such as tricyclic anti-depressants, monamine oxidase inhibitors, or selective serotonin reuptake inhibitors.

ACCESSION NUMBER: 2002:638290 CAPLUS
DOCUMENT NUMBER: 137:163826
TITLE: Treatment of antidepressant-induced sexual dysfunction with **apomorphine**
INVENTOR(S): Ruff, Dustin D.; Perdok, Renee J.

PATENT ASSIGNEE(S): USA
SOURCE: U.S. Pat. Appl. Publ., 6 pp.
CODEN: USXXCO
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 2002115683	A1	20020822	US 2001-993782	20011114
WO 2002039879	A2	20020523	WO 2001-US43933	20011114

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZW

RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG

US 200235129	A5	20020527	US 2002-35129	20011114

PRIORITY APPLN. INFO.: US 2000-249031P P 20001115
WO 2001-US43933 W 20011114

TI Treatment of antidepressant-induced sexual dysfunction with **apomorphine**

AB A method for treating sexual dysfunction in a patient taking antidepressant medication in need of such treatment comprises administering a therapeutically effective amt. of **apomorphine**, or a pharmaceutically acceptable salt thereof. The method may be used for patients taking antidepressants such as tricyclic anti-depressants, monamine oxidase inhibitors, or selective serotonin reuptake inhibitors.

ST antidepressant induced sexual dysfunction treatment **apomorphine**

IT Antidepressants
Antiemetics
Human
Vomiting
(**apomorphine** for treatment of antidepressant-induced sexual dysfunction)

IT Sexual behavior
(clitoral erectogenesis and vaginal engorgement; **apomorphine** for treatment of antidepressant-induced sexual dysfunction)

IT Mental disorder
(depression; **apomorphine** for treatment of antidepressant-induced sexual dysfunction)

IT Sexual behavior
(disorder; **apomorphine** for treatment of antidepressant-induced sexual dysfunction)

IT Sexual behavior
(**impotence**; **apomorphine** for treatment of antidepressant-induced sexual dysfunction)

IT Drug delivery systems
(inhalants; **apomorphine** for treatment of antidepressant-induced sexual dysfunction)

IT Drug delivery systems
(**nasal**; **apomorphine** for treatment of antidepressant-induced sexual dysfunction)

IT Drug delivery systems
(oral; **apomorphine** for treatment of antidepressant-induced

sexual dysfunction)
IT Biological transport
(serotonin reuptake inhibitors; **apomorphine** for treatment of antidepressant-induced sexual dysfunction)
IT Drug delivery systems
(sublingual; **apomorphine** for treatment of antidepressant-induced sexual dysfunction)
IT Antidepressants
(tricyclic; **apomorphine** for treatment of antidepressant-induced sexual dysfunction)
IT 56296-78-7, Prozac 79559-97-0, Zoloft
RL: ADV (Adverse effect, including toxicity); PAC (Pharmacological activity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(**apomorphine** for treatment of antidepressant-induced sexual dysfunction)
IT 50-53-3, Chlorpromazine, biological studies 51-34-3, Scopolamine 54-11-5, Nicotine 58-00-4, **Apomorphine** 58-38-8, Prochlorperazine 84-04-8, Pipamazine 129-74-8, Buclizine hydrochloride 134-64-5, Lobeline sulfate 138-56-7, Trimethobenzamide 303-25-3, Cyclizine hydrochloride 314-19-2, **Apomorphine** hydrochloride 364-62-5, Metoclopramide 523-87-5, Dimenhydrinate 1420-55-9, Thiethylperazine 3254-89-5, Diphenidol hydrochloride 14008-44-7, Metopimazine 22199-40-2 57808-66-9, Domperidone 99614-02-5, Ondansetron
RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(**apomorphine** for treatment of antidepressant-induced sexual dysfunction)
IT 61869-08-7, Paxil
RL: ADV (Adverse effect, including toxicity); PAC (Pharmacological activity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(clitoral erectogenesis and vaginal engorgement; **apomorphine** for treatment of antidepressant-induced sexual dysfunction)
IT 9001-66-5, Monoamine oxidase
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(inhibitors; **apomorphine** for treatment of antidepressant-induced sexual dysfunction)
IT 50-67-9, Serotonin, biological studies
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(reuptake inhibitors; **apomorphine** for treatment of antidepressant-induced sexual dysfunction)

L1 ANSWER 4 OF 11 CAPLUS COPYRIGHT 2002 ACS
AB A method for treating sexual dysfunction in a patient taking antidepressant medication in need of such treatment comprises administering a therapeutically effective amt. of **apomorphine** or a pharmaceutically acceptable salt thereof. The method may be used for patients taking antidepressants such as tricyclic antidepressants, monamine oxidase inhibitors, or serotonin selective reuptake inhibitors.

ACCESSION NUMBER: 2002:505409 CAPLUS
DOCUMENT NUMBER: 137:57597
TITLE: Treatment of antidepressant drug-induced sexual dysfunction with **apomorphine**
INVENTOR(S): Ruff, Dustin D.; Perdok, Renee J.
PATENT ASSIGNEE(S): USA
SOURCE: U.S. Pat. Appl. Publ., 6 pp., Cont. of U. S. Ser. No. 713,741, abandoned.
CODEN: USXXCO
DOCUMENT TYPE: Patent
LANGUAGE: English

FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 2002086876	A1	20020704	US 2001-974136	20011010

PRIORITY APPLN. INFO.: US 2000-713741 B1 20001115

TI Treatment of antidepressant drug-induced sexual dysfunction with **apomorphine**

AB A method for treating sexual dysfunction in a patient taking antidepressant medication in need of such treatment comprises administering a therapeutically effective amt. of **apomorphine** or a pharmaceutically acceptable salt thereof. The method may be used for patients taking antidepressants such as tricyclic antidepressants, monamine oxidase inhibitors, or serotonin selective reuptake inhibitors.

ST antidepressant sexual dysfunction treatment **apomorphine**

IT Antidepressants
Human
Vagina
(**apomorphine** for treatment of antidepressant-induced sexual dysfunction)

IT Antiemetics
(**apomorphine** for treatment of antidepressant-induced sexual dysfunction, and use with antiemetics)

IT Reproductive organ
(clitoris; **apomorphine** for treatment of antidepressant-induced sexual dysfunction)

IT Mental disorder
(depression; **apomorphine** for treatment of antidepressant-induced sexual dysfunction)

IT Sexual behavior
(disorder; **apomorphine** for treatment of antidepressant-induced sexual dysfunction)

IT Toxicity
(drug; **apomorphine** for treatment of antidepressant-induced sexual dysfunction, and use with antiemetics)

IT Sexual behavior
(**impotence**; **apomorphine** for treatment of antidepressant-induced sexual dysfunction)

IT Drug delivery systems
(inhalants; **apomorphine** for treatment of antidepressant-induced sexual dysfunction)

IT Drug delivery systems
(**nasal**; **apomorphine** for treatment of antidepressant-induced sexual dysfunction)

IT Drug delivery systems
(oral; **apomorphine** for treatment of antidepressant-induced sexual dysfunction)

IT Drug delivery systems
(sublingual; **apomorphine** for treatment of antidepressant-induced sexual dysfunction)

IT Antidepressants
(tricyclic; **apomorphine** for treatment of antidepressant-induced sexual dysfunction)

IT Biological transport
(uptake, selective serotonin reuptake inhibitors; **apomorphine** for treatment of antidepressant-induced sexual dysfunction)

IT 58-00-4, **Apomorphine** 314-19-2, **Apomorphine** hydrochloride
RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL

(Biological study); USES (Uses)
(**apomorphine** for treatment of antidepressant-induced sexual dysfunction)

IT 56296-78-7, Prozac 78246-49-8, Paxil 79559-97-0, Zoloft
RL: ADV (Adverse effect, including toxicity); PAC (Pharmacological activity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(**apomorphine** for treatment of antidepressant-induced sexual dysfunction, and use with antiemetics)

IT 50-53-3, Chlorpromazine, biological studies 51-34-3, Scopolamine 54-11-5, Nicotine 58-38-8, Prochlorperazine 84-04-8, Pipamazine 129-74-8, Buclizine hydrochloride 134-64-5, Lobeline sulfate 138-56-7, Trimethobenzamide 303-25-3, Cyclizine hydrochloride 364-62-5, Metoclopramide 523-87-5, Dimenhydrinate 1420-55-9, Thiethylperazine 3254-89-5, Diphenidol hydrochloride 14008-44-7, Metopimazine 22199-40-2 57808-66-9, Domperidone 99614-02-5, Ondansetron
RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(**apomorphine** for treatment of antidepressant-induced sexual dysfunction, and use with antiemetics)

IT 9001-66-5, Monoamine oxidase
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(inhibitors; **apomorphine** for treatment of antidepressant-induced sexual dysfunction)

IT 50-67-9, Serotonin, biological studies
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(selective reuptake inhibitors; **apomorphine** for treatment of antidepressant-induced sexual dysfunction)

L1 ANSWER 5 OF 11 CAPLUS COPYRIGHT 2002 ACS

AB Intrasanal delivery compns. and methods for the delivery of dopamine receptor agonists are provided which are effective for the treatment of sexual dysfunction in a mammal without causing substantial intolerable adverse side effects to the mammal, in particular adverse **nasal** effects. **Nasally** administered compns. for treating sexual dysfunction in a mammal are also provided which include a therapeutically effective amt. of a dopamine receptor agonist which has been dispersed in a system to improve its soly. and/or stability. Examples are provided showing that **apomorphine**-HCl formulated with propylene glycol and glycerin did not have the **nasal** adverse effects assocd. with formulations not contg. the glycol. The propylene glycol-**apomorphine** formulation was shown effective in treating patients with psychogenic **erectile dysfunction**.

ACCESSION NUMBER: 2002:240569 CAPLUS
DOCUMENT NUMBER: 136:252469
TITLE: **Nasal** delivery of **apomorphine** in combination with glycol derivatives
INVENTOR(S): Behl, Charajit R.; Romeo, Vincent D.; Achari, Raja G.; Ahmed, Shamin; Demeireles, Jorge C.; Liu, Tianquing; Sileno, Anthony P.
PATENT ASSIGNEE(S): Nastech Pharmaceutical Company, Inc., USA
SOURCE: PCT Int. Appl., 33 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2002024202	A1	20020328	WO 2001-US29437	20010919

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PH, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG

AU 2001092865 A5 20020402 AU 2001-92865 20010919

PRIORITY APPLN. INFO.: US 2000-665500 A 20000919
WO 2001-US29437 W 20010919

REFERENCE COUNT: 3 THERE ARE 3 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

TI **Nasal** delivery of **apomorphine** in combination with glycol derivatives

AB Intrasanal delivery compns. and methods for the delivery of dopamine receptor agonists are provided which are effective for the treatment of sexual dysfunction in a mammal without causing substantial intolerable adverse side effects to the mammal, in particular adverse **nasal** effects. **Nasally** administered compns. for treating sexual dysfunction in a mammal are also provided which include a therapeutically effective amt. of a dopamine receptor agonist which has been dispersed in a system to improve its soly. and/or stability. Examples are provided showing that **apomorphine**-HCl formulated with propylene glycol and glycerin did not have the **nasal** adverse effects assocd. with formulations not contg. the glycol. The propylene glycol-**apomorphine** formulation was shown effective in treating patients with psychogenic **erectile dysfunction**.

ST **apomorphine** propylene glycol **nasal** formulation sexual dysfunction

IT Sexual behavior
(disorder; **nasal** delivery of **apomorphine** in combination with glycol derivs. for treatment of sexual dysfunction)

IT Sexual behavior
(**impotence**; **nasal** delivery of **apomorphine** in combination with glycol derivs. for treatment of sexual dysfunction)

IT Dopamine agonists
Human
(**nasal** delivery of **apomorphine** in combination with glycol derivs. for treatment of sexual dysfunction)

IT Glycols, biological studies
RL: MOA (Modifier or additive use); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(**nasal** delivery of **apomorphine** in combination with glycol derivs. for treatment of sexual dysfunction)

IT Drug delivery systems
(**nasal**; **nasal** delivery of **apomorphine** in combination with glycol derivs. for treatment of sexual dysfunction)

IT 56-81-5, Glycerin, biological studies 57-55-6, Propylene glycol, biological studies
RL: ADV (Adverse effect, including toxicity); MOA (Modifier or additive use); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(**nasal** delivery of **apomorphine** in combination with glycol derivs. for treatment of sexual dysfunction)

IT 58-00-4, **Apomorphine** 314-19-2, **Apomorphine** hydrochloride
RL: ADV (Adverse effect, including toxicity); PAC (Pharmacological activity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(**nasal** delivery of **apomorphine** in combination with

glycol derivs. for treatment of sexual dysfunction)

L1 ANSWER 6 OF 11 CAPLUS COPYRIGHT 2002 ACS

AB Methods are disclosed for administering **apomorphine** to a patient for the treatment of sexual dysfunctions while reducing undesirable side effects. In the methods, the concn. of **apomorphine** is attained within the patients' plasma of up to 10 ng per mL. Advantageously, this concn. may be achieved with less than 15% of patients so treated experiencing emesis. Methods of administration are **intranasally**, by inhalation to the lungs, or by oral ingestion.

ACCESSION NUMBER: 2001:747607 CAPLUS
DOCUMENT NUMBER: 135:267280
TITLE: Methods for treating sexual dysfunction with **apomorphine** at specified plasma concentration levels
INVENTOR(S): Gupta, Pramod K.; Bollinger, John Daniel; Chen, Yisheng; Zheng, Jack Yuqun; Reiland, Thomas L.; Lee, Dennis Y.
PATENT ASSIGNEE(S): Tap Holdings, Inc., USA
SOURCE: PCT Int. Appl., 27 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2001074358	A1	20011011	WO 2001-US40294	20010314
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
BR 2000005797	A	20011016	BR 2000-5797	20001208
CN 1315177	A	20011003	CN 2000-137440	20001220
US 2002006933	A1	20020117	US 2001-808605	20010314

PRIORITY APPLN. INFO.: US 2000-190540P P 20000320
REFERENCE COUNT: 3 THERE ARE 3 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

TI Methods for treating sexual dysfunction with **apomorphine** at specified plasma concentration levels

AB Methods are disclosed for administering **apomorphine** to a patient for the treatment of sexual dysfunctions while reducing undesirable side effects. In the methods, the concn. of **apomorphine** is attained within the patients' plasma of up to 10 ng per mL. Advantageously, this concn. may be achieved with less than 15% of patients so treated experiencing emesis. Methods of administration are **intranasally**, by inhalation to the lungs, or by oral ingestion.

ST apopmorphine sexual dysfunction adverse effect redn; **nasal** inhalant oral **apomorphine** sexual dysfunction; emesis redn apopmorphine sexual dysfunction

IT Drug bioavailability
Pharmacokinetics
Vomiting
(**apomorphine** at specified plasma concn. levels for sexual

dysfunction treatment)
IT Drug delivery systems
(capsules; **apomorphine** at specified plasma concn. levels for sexual dysfunction treatment)
IT Sexual behavior
(disorder; **apomorphine** at specified plasma concn. levels for sexual dysfunction treatment)
IT Drug delivery systems
(drops; **apomorphine** at specified plasma concn. levels for sexual dysfunction treatment)
IT Toxicity
(drug; **apomorphine** at specified plasma concn. levels for sexual dysfunction treatment)
IT Drug delivery systems
(gels; **apomorphine** at specified plasma concn. levels for sexual dysfunction treatment)
IT Drug delivery systems
(granules; **apomorphine** at specified plasma concn. levels for sexual dysfunction treatment)
IT Sexual behavior
(**impotence**; **apomorphine** at specified plasma concn. levels for sexual dysfunction treatment)
IT Drug delivery systems
(inhalants; **apomorphine** at specified plasma concn. levels for sexual dysfunction treatment)
IT Medical goods
(inhalers, metered dose and dry powder; **apomorphine** at specified plasma concn. levels for sexual dysfunction treatment)
IT Drug delivery systems
(**nasal**; **apomorphine** at specified plasma concn. levels for sexual dysfunction treatment)
IT Drug delivery systems
(ointments, creams; **apomorphine** at specified plasma concn. levels for sexual dysfunction treatment)
IT Drug delivery systems
(ointments; **apomorphine** at specified plasma concn. levels for sexual dysfunction treatment)
IT Drug delivery systems
(oral; **apomorphine** at specified plasma concn. levels for sexual dysfunction treatment)
IT Drug delivery systems
(powders; **apomorphine** at specified plasma concn. levels for sexual dysfunction treatment)
IT Drug delivery systems
(solns., **nasal**; **apomorphine** at specified plasma concn. levels for sexual dysfunction treatment)
IT Drug delivery systems
(solns.; **apomorphine** at specified plasma concn. levels for sexual dysfunction treatment)
IT Drug delivery systems
(sprays; **apomorphine** at specified plasma concn. levels for sexual dysfunction treatment)
IT Drug delivery systems
(sprinkles and pills; **apomorphine** at specified plasma concn. levels for sexual dysfunction treatment)
IT Drug delivery systems
(suspensions; **apomorphine** at specified plasma concn. levels for sexual dysfunction treatment)
IT Drug delivery systems
(tablets; **apomorphine** at specified plasma concn. levels for

sexual dysfunction treatment)

IT 58-00-4, **Apomorphine**
RL: ADV (Adverse effect, including toxicity); BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(**apomorphine** at specified plasma concn. levels for sexual dysfunction treatment)

L1 ANSWER 7 OF 11 CAPLUS COPYRIGHT 2002 ACS

AB A review with 72 refs. Sildenafil is an oral treatment for **erectile dysfunction** (ED). It acts as an inhibitor of 3',5'-cyclic guanosine monophosphate-phosphodiesterase type 5. An effective treatment for ED is required to produce an erectile response sufficient for satisfactory sexual performance. This has been documented for sildenafil in men with ED of differing etiologies and baseline severity in various types of clin. trials. Sildenafil treatment is characterized by a good tolerability profile and low treatment discontinuation rate caused by treatment-related adverse effects. Most of the adverse effects assocd. with sildenafil are extensions of the pharmacol. action of the drug. There is no significant difference in the adverse effect profile (headache, flushing, dyspepsia, **nasal** congestion and abnormal vision) of this agent as assessed by clin. data obtained either in the pre- and postlaunch periods. Because of its acceptable risk-benefit ratio, sildenafil can be prescribed to a very large group of patients with ED. The reports of serious cardiovascular events assocd. with the use of sildenafil (including anecdotal reports of deaths) have been very thoroughly analyzed. A no. of studies have not shown any difference in the risk of serious cardiovascular events in sildenafil- and placebo-treated patients. However, when making a risk-benefit evaluation, certain subgroups of patients need to be considered sep. In particular, sildenafil is contraindicated in patients receiving nitrate therapy. In some other subgroups of patients, the risks and benefits of treatment need to be assessed on an individual basis and it is hoped that addnl. data will clarify any possible risks assocd. with sildenafil administration such patients. It is helpful to compare the risk-benefit profile of sildenafil with the characteristics of other oral drugs for ED. According to the preliminary data, **apomorphine** and phentolamine are possible future options for the treatment of ED; however, there needs to be further clin. evaluation of these agents. Initial data have shown that sildenafil can be successfully combined with intracavernosal injection in patients nonresponders to either therapy. In conclusion, favorable characteristics make sildenafil suitable for the first-line therapy for a substantial proportion of patients with ED.

ACCESSION NUMBER: 2001:369087 CAPLUS
DOCUMENT NUMBER: 135:235701
TITLE: A risk-benefit assessment of sildenafil in the treatment of **erectile dysfunction**
AUTHOR(S): Vitezic, Dinko
CORPORATE SOURCE: Department of Pharmacology, University of Rijeka Medical School, Rijeka, Croatia
SOURCE: Drug Safety (~~2001)~~, 24(4), 255-265
CODEN: DRSAEA; ISSN: 0114-5916
PUBLISHER: Adis International Ltd.
DOCUMENT TYPE: Journal; General Review
LANGUAGE: English
REFERENCE COUNT: 74 THERE ARE 74 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

TI A risk-benefit assessment of sildenafil in the treatment of **erectile dysfunction**

AB A review with 72 refs. Sildenafil is an oral treatment for

erectile dysfunction (ED). It acts as an inhibitor of 3',5'-cyclic guanosine monophosphate-phosphodiesterase type 5. An effective treatment for ED is required to produce an erectile response sufficient for satisfactory sexual performance. This has been documented for sildenafil in men with ED of differing etiologies and baseline severity in various types of clin. trials. Sildenafil treatment is characterized by a good tolerability profile and low treatment discontinuation rate caused by treatment-related adverse effects. Most of the adverse effects assocd. with sildenafil are extensions of the pharmacol. action of the drug. There is no significant difference in the adverse effect profile (headache, flushing, dyspepsia, **nasal** congestion and abnormal vision) of this agent as assessed by clin. data obtained either in the pre- and postlaunch periods. Because of its acceptable risk-benefit ratio, sildenafil can be prescribed to a very large group of patients with ED. The reports of serious cardiovascular events assocd. with the use of sildenafil (including anecdotal reports of deaths) have been very thoroughly analyzed. A no. of studies have not shown any difference in the risk of serious cardiovascular events in sildenafil- and placebo-treated patients. However, when making a risk-benefit evaluation, certain subgroups of patients need to be considered sep. In particular, sildenafil is contraindicated in patients receiving nitrate therapy. In some other subgroups of patients, the risks and benefits of treatment need to be assessed on an individual basis and it is hoped that addnl. data will clarify any possible risks assocd. with sildenafil administration such patients. It is helpful to compare the risk-benefit profile of sildenafil with the characteristics of other oral drugs for ED. According to the preliminary data, **apomorphine** and phentolamine are possible future options for the treatment of ED; however, there needs to be further clin. evaluation of these agents. Initial data have shown that sildenafil can be successfully combined with intracavernosal injection in patients nonresponders to either therapy. In conclusion, favorable characteristics make sildenafil suitable for the first-line therapy for a substantial proportion of patients with ED.

ST review sildenafil interaction cardiovascular system **erectile dysfunction**

IT Sexual behavior
(**impotence**; risk-benefit assessment of sildenafil for treatment of **erectile dysfunction** in humans)

IT Cardiovascular system
Drug interactions
(risk-benefit assessment of sildenafil for treatment of **erectile dysfunction** in humans)

IT 139755-83-2, Sildenafil
RL: ADV (Adverse effect, including toxicity); BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(risk-benefit assessment of sildenafil for treatment of **erectile dysfunction** in humans)

IT 50-60-2, Phentolamine 58-00-4, **Apomorphine** 14797-55-8, Nitrate, biological studies
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(risk-benefit assessment of sildenafil for treatment of **erectile dysfunction** in humans)

L1 ANSWER 8 OF 11 CAPLUS COPYRIGHT 2002 ACS

AB **Intranasal** delivery methods and compns. for the delivery of dopamine receptor agonists are provided which are effective for the amelioration of **erectile dysfunction** in a mammal without causing substantial intolerable adverse side effects to the mammal. **Nasally** administered compns. for treating male

erectile dysfunction in a mammal are also provided which include a therapeutically effective amt. of a dopamine receptor agonist which has been dispersed in a system to improve its soly. and/or stability. For example, **apomorphine**.cntdot.HCl was dispersed in propylene glycol. Its drug soly. was enhanced by 304 % as compared to that of the control system dispersed in water.

ACCESSION NUMBER: 2000:900452 CAPLUS
DOCUMENT NUMBER: 134:46823
TITLE: **Nasal** delivery of **apomorphine**
INVENTOR(S): Achari, Raja G.; Ahmed, Shamim; Behl, Charanjit R.; Demeireles, Jorge C.; Liu, Tianquing; Romeo, Vincent D.; Sileno, Anthony P.
PATENT ASSIGNEE(S): Nastech Pharmaceutical Company, Inc., USA
SOURCE: PCT Int. Appl., 30 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2000076509	A1	20001221	WO 2000-US4268	20000218
W: AE, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CR, CU, CZ, DE, DK, DM, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
RW: GH, GM, KE, LS, MW, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
US 6436950	B1	20020820	US 1999-334304	19990616
EP 1191933	A1	20020403	EP 2000-914639	20000218
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO				
BR 2000012080	A	20020507	BR 2000-12080	20000218
US 2002161017	A1	20021031	US 2002-62021	20020131
US 2002165249	A1	20021107	US 2002-62020	20020131

PRIORITY APPLN. INFO.: US 1998-96545P P 19980814
US 1999-334304 A 19990616
WO 2000-US4268 W 20000218

REFERENCE COUNT: 4 THERE ARE 4 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

TI **Nasal** delivery of **apomorphine**

AB **Intranasal** delivery methods and compns. for the delivery of dopamine receptor agonists are provided which are effective for the amelioration of **erectile dysfunction** in a mammal without causing substantial intolerable adverse side effects to the mammal. **Nasally** administered compns. for treating male **erectile dysfunction** in a mammal are also provided which include a therapeutically effective amt. of a dopamine receptor agonist which has been dispersed in a system to improve its soly. and/or stability. For example, **apomorphine**.cntdot.HCl was dispersed in propylene glycol. Its drug soly. was enhanced by 304 % as compared to that of the control system dispersed in water.

ST **nasal** delivery dopamine agonist **erectile dysfunction**; **apomorphine** propylene glycol soly **nasal** delivery

IT Paraffin oils

RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(as humectant; **nasal** delivery of dopamine agonists for amelioration of **erectile dysfunction**)

IT Sexual behavior
(**impotence**; **nasal** delivery of dopamine agonists for amelioration of **erectile dysfunction**)

IT Dopamine agonists
(**nasal** delivery of dopamine agonists for amelioration of **erectile dysfunction**)

IT Alditols
Polyoxyalkylenes, biological studies
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(**nasal** delivery of dopamine agonists for amelioration of **erectile dysfunction**)

IT Drug delivery systems
(**nasal**; **nasal** delivery of dopamine agonists for amelioration of **erectile dysfunction**)

IT Fats and Glyceridic oils, biological studies
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(vegetable, as humectant; **nasal** delivery of dopamine agonists for amelioration of **erectile dysfunction**)

IT 50-70-4, Sorbitol, biological studies 56-81-5, Glycerol, biological studies
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(as humectant; **nasal** delivery of dopamine agonists for amelioration of **erectile dysfunction**)

IT 9000-01-5, Acacia gum 9002-89-5, Polyvinyl alcohol 9004-32-4, Carboxymethyl cellulose 9004-64-2, Hydroxypropyl cellulose 9004-67-5, Methyl cellulose 9005-32-7, Alginic acid 9012-76-4, Chitosan 11138-66-2, Xanthan gum
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(as thickener; **nasal** delivery of dopamine agonists for amelioration of **erectile dysfunction**)

IT 58-00-4, **Apomorphine** 314-19-2, **Apomorphine** hydrochloride
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(**nasal** delivery of dopamine agonists for amelioration of **erectile dysfunction**)

IT 50-81-7, L-Ascorbic acid, biological studies 57-55-6, Propylene glycol, biological studies 134-03-2, Sodium L-ascorbate 7681-57-4, Sodium metabisulfite 25322-68-3, Polyethylene glycol
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(**nasal** delivery of dopamine agonists for amelioration of **erectile dysfunction**)

L1 ANSWER 9 OF 11 CAPLUS COPYRIGHT 2002 ACS

AB The present invention provides a compn. comprising an oil-in-water emulsion and a drug dissolved in the emulsion. The oil phase comprises a hydroxylated oil, particularly a hydroxylated vegetable oil. The preferred hydroxylated vegetable oil is castor oil. An emulsion was prepd. contg. flurbiprofen and castor oil.

ACCESSION NUMBER: 2000:290810 CAPLUS
DOCUMENT NUMBER: 132:313712
TITLE: O/w emulsion comprising an hydroxylated oil
INVENTOR(S): Davis, Stanley Stewart; Illum, Lisbeth
PATENT ASSIGNEE(S): West Pharmaceutical Services Drug Delivery & Clinical Research Centre, L, UK
SOURCE: PCT Int. Appl., 20 pp.

CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2000024373	A1	20000504	WO 1999-GB3489	19991021
W: AE, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CR, CU, CZ, DE, DK, DM, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
RW: GH, GM, KE, LS, MW, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
AU 9963536	A1	20000515	AU 1999-63536	19991021
EP 1123085	A1	20010816	EP 1999-950947	19991021
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO				
NO 2001001985	A	20010423	NO 2001-1985	20010423
US 2001055569	A1	20011227	US 2001-841228	20010424

PRIORITY APPLN. INFO.: GB 1998-23246 A 19981024
WO 1999-GB3489 W 19991021
REFERENCE COUNT: 3 THERE ARE 3 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

IT Sexual behavior
(**impotence**; oil-water emulsion comprising an hydroxylated oil)
IT Drug delivery systems
(**nasal**; oil-water emulsion comprising an hydroxylated oil)
IT 53-86-1, Indomethacin 58-00-4, **Apomorphine** 22204-53-1, Naproxen
RL: PEP (Physical, engineering or chemical process); PRP (Properties); THU (Therapeutic use); BIOL (Biological study); PROC (Process); USES (Uses)
(oil-water emulsion comprising an hydroxylated oil)

L1 ANSWER 10 OF 11 CAPLUS COPYRIGHT 2002 ACS
AB This invention provides a method of rapidly and reliably delivering sildenafil or derivs. thereof, alone or in combination with other compds., to the systemic circulation by administration via the **nasal** route so as to produce virtually instantaneous onset of beneficial effects in the treatment of **erectile dysfunction**. The present invention further provides pharmaceutical compns. comprising sildenafil or derivs. thereof, and/or pharmaceutically acceptable salts thereof in a variety of unique pharmaceutical dosage forms, with and without **apomorphine**.
ACCESSION NUMBER: 1999:819248 CAPLUS
DOCUMENT NUMBER: 132:54900
TITLE: **Nasal** administration of sildenafil for the treatment of **erectile dysfunction**
INVENTOR(S): Hussain, Anwar A.; Dittert, Lewis W.; Traboulsi, Ashraf
PATENT ASSIGNEE(S): New Millennium Pharmaceutical Research, Inc., USA
SOURCE: PCT Int. Appl., 29 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English

FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 9966933	A1	19991229	WO 1999-US14378	19990624
W: AE, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DE, DK, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
RW: GH, GM, KE, LS, MW, SD, SL, SZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
US 6200591	B1	20010313	US 1998-208439	19981210
AU 9945838	A1	20000110	AU 1999-45838	19990624

PRIORITY APPLN. INFO.:			
US 1998-90740P	P	19980625
US 1998-208439	A	19981210
WO 1999-US14378	W	19990624

REFERENCE COUNT: 9 THERE ARE 9 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

TI **Nasal** administration of sildenafil for the treatment of **erectile dysfunction**

AB This invention provides a method of rapidly and reliably delivering sildenafil or derivs. thereof, alone or in combination with other compds., to the systemic circulation by administration via the **nasal** route so as to produce virtually instantaneous onset of beneficial effects in the treatment of **erectile dysfunction**. The present invention further provides pharmaceutical compns. comprising sildenafil or derivs. thereof, and/or pharmaceutically acceptable salts thereof in a variety of unique pharmaceutical dosage forms, with and without **apomorphine**.

ST **nasal** pharmaceutical sildenafil **erectile dysfunction**

IT Sexual behavior
(**impotence**; **nasal** administration of sildenafil and vasoactive drugs for treatment of **erectile dysfunction**)

IT Vasoconstrictors
(**nasal** administration of sildenafil and vasoactive drugs for treatment of **erectile dysfunction**)

IT Drug delivery systems
(**nasal** sprays; **nasal** administration of sildenafil and vasoactive drugs for treatment of **erectile dysfunction**)

IT Drug delivery systems
(**nasal**, gels; **nasal** administration of sildenafil and vasoactive drugs for treatment of **erectile dysfunction**)

IT 314-19-2, **Apomorphine** hydrochloride
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(**nasal** administration of sildenafil and **apomorphine** for treatment of **erectile dysfunction**)

IT 50-60-2, Phentolamine 58-74-2, Papaverine 59-96-1, Phenoxybenzamine 139755-83-2, Sildenafil 171599-83-0, Sildenafil citrate 252920-86-8
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES

(Uses)
(**nasal** administration of sildenafil and vasoactive drugs for treatment of **erectile dysfunction**)

L1 ANSWER 11 OF 11 CAPLUS COPYRIGHT 2002 ACS

AB A compn. for the **nasal** delivery of a drug suitable for the treatment of **erectile dysfunction** to a mammal is adapted to provide an initial rise in plasma level followed by a sustained plasma level of the drug. Examples given were **apomorphine** in a pectin based formulation and a Pluronic F127 formulation.

ACCESSION NUMBER: 1999:372055 CAPLUS
DOCUMENT NUMBER: 131:23522
TITLE: Compositions for **nasal** administration
INVENTOR(S): Illum, Lisbeth; Watts, Peter James
PATENT ASSIGNEE(S): Danbiosyst UK Limited, UK
SOURCE: PCT Int. Appl., 41 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 9927905	A1	19990610	WO 1998-GB3572	19981127
W: AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DE, DK, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, US, UZ, VN, YU, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
RW: GH, GM, KE, LS, MW, SD, SZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
CA 2312839	AA	19990610	CA 1998-2312839	19981127
AU 9912535	A1	19990616	AU 1999-12535	19981127
ZA 9810886	A	20000529	ZA 1998-10886	19981127
EP 1035833	A1	20000920	EP 1998-955814	19981127
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, FI				
JP 2001524509	T2	20011204	JP 2000-522892	19981127
NO 2000002851	A	20000602	NO 2000-2851	20000602
US 6342251	B1	20020129	US 2000-586139	20000602
US 2001046519	A1	20011129	US 2001-920698	20010801

PRIORITY APPLN. INFO.:
GB 1997-25519 A 19971202
GB 1998-5253 A 19980313
WO 1998-GB3572 W 19981127
US 2000-586139 A1 20000602

REFERENCE COUNT: 4 THERE ARE 4 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

TI Compositions for **nasal** administration

AB A compn. for the **nasal** delivery of a drug suitable for the treatment of **erectile dysfunction** to a mammal is adapted to provide an initial rise in plasma level followed by a sustained plasma level of the drug. Examples given were **apomorphine** in a pectin based formulation and a Pluronic F127 formulation.

ST **nasal apomorphine** formulation; **erectile dysfunction apomorphine nasal**

IT Dopamine antagonists
(D2; **nasal** formulations for **erectile dysfunction**)

IT Sexual behavior
(**impotence**; **nasal** formulations for **erectile dysfunction**)
IT Drug delivery systems
(microspheres; **nasal** formulations for **erectile dysfunction**)
IT Drug bioavailability
(**nasal** formulations for **erectile dysfunction**)
IT Polysaccharides, biological studies
RL: MOA (Modifier or additive use); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(**nasal** formulations for **erectile dysfunction**)
IT Drug delivery systems
(**nasal**; **nasal** formulations for **erectile dysfunction**)
IT Adrenoceptor antagonists
(.alpha.-; **nasal** formulations for **erectile dysfunction**)
IT 58-00-4, **Apomorphine**
RL: BAC (Biological activity or effector, except adverse); BPR (Biological process); BSU (Biological study, unclassified); PEP (Physical, engineering or chemical process); THU (Therapeutic use); BIOL (Biological study); PROC (Process); USES (Uses)
(**nasal** formulations for **erectile dysfunction**)
IT 9000-69-5, Pectin 9004-32-4, Carboxymethyl cellulose 9004-61-9, Hyaluronic acid 9005-32-7, Alginic acid 9012-76-4, Chitosan 9057-06-1, Carboxymethyl starch 11138-66-2, Xanthan 71010-52-1, Gellan 88306-53-0, 1,4-Dioxane-2,5-dione, 3,6-dimethyl-, polymer with .alpha.-hydro-.omega.-hydroxypoly(oxy-1,2-ethanediyl) 106392-12-5, Pluronic F127 110617-70-4, Poloxamine
RL: MOA (Modifier or additive use); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(**nasal** formulations for **erectile dysfunction**)
IT 50-60-2, Phentolamine 54-32-0, Moxisylyte 58-74-2 59-96-1, Phenoxybenzamine 74-79-3, L-Arginine, biological studies 146-48-5, Yohimbine 19794-93-5, Trazodone 38212-33-8, 1-(4-Chlorophenyl)piperazine 119905-05-4, Delequamine 139755-83-2
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(**nasal** formulations for **erectile dysfunction**)
IT 50-67-9, Serotonin, biological studies
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(reuptake inhibitors; **nasal** formulations for **erectile dysfunction**)
IT 9068-52-4, Cyclic-GMP phosphodiesterase
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(type V, inhibitors; **nasal** formulations for **erectile dysfunction**)

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